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Patient Identification Code (PIC) - An alphanumeric code that is assigned to each MAA client consisting of:

- First and middle initials (a dash (-) must be entered if the middle initial is not indicated).
- Six-digit birthdate, consisting of numerals only (MMDDYY).
- First five letters of the last name (and spaces if the name is fewer than five letters).
- Alpha or numeric character (tiebreaker).

Primary Care Case Management (PCCM) The health care management activities of a provider that contracts with the department to provide primary health care services and to arrange and coordinate other preventive, specialty, and ancillary health services (WAC 388-538-050)

Primary Care Provider (PCP) – A person licensed or certified under Title 18 RCW including, but not limited to, a physician and advanced registered nurse practitioner (ARNP), or a physician assistant who supervises, coordinates, and provides health services to a client or an enrollee, initiates referrals for specialist and ancillary care, and maintains the client's or enrollee's continuity of care. (WAC 388-538-050)

Program Support, Division of (DPS) – The division within MAA responsible for providing administrative services for the following:

- Claims Processing;
- Family Planning Services;
- Administrative Match Services to Schools and Health Departments;
- Managed Care Contracts;
- Provider Enrollment/Relations; and
- Regulatory Improvement.

Provider or Provider of Service - An institution, agency, or person:

- Who has a signed agreement [Core Provider Agreement] with the department to furnish medical care, goods, and/or services to clients; and
- Is eligible to receive payment from the department. (WAC 388-500-0005)

Remittance And Status Report (RA) - A report produced by MAA's claims processing system (known as the Medicaid Management Information System or MMIS) that provides detailed information concerning submitted claims and other financial transactions.

Revised Code of Washington (RCW) - Washington State laws.

Third Party - Any entity that is or may be liable to pay all or part of the medical cost of care of a program client. (WAC 388-500-0005)

Title XIX - The portion of the federal Social Security Act that authorizes grants to states for medical assistance programs. Title XIX is also called Medicaid. (WAC 388-500-0005)

Usual & Customary Fee - The rate that may be billed to the department for a certain service or equipment. This rate may not exceed:

- 1) The usual and customary charge that you bill the general public for the same services; or
- 2) If the general public is not served, the rate normally offered to other contractors for the same services.

Washington Administrative Code (WAC) - Codified rules of the state of Washington.

About the Program

What is the purpose of the Prenatal Diagnosis Genetic Counseling program?

The Prenatal Diagnosis Genetic Counseling program was established to ensure that all Medical Assistance Administration (MAA) clients have access to high quality, comprehensive prenatal genetic health care services. Rapid advances in the field of genetics may outpace many obstetrical providers' abilities to stay current in standards of genetics practice and/or understand the complex ramifications oftentimes associated with genetic testing. In 1993, the Department of Health (DOH) and the Department of Social & Health Services (DSHS) established the Prenatal Diagnosis Genetic Counseling program to promote the use of genetic counselors. These health care professionals are nationally certified in the field of genetics and can ensure clients receive informed consent, particularly regarding reproductive issues. Funds in the DOH Division of Community & Family Health Genetic Services Section budget are used as the required state match for this reimbursement program for prenatal diagnosis genetic counseling services.

Referrals

Prenatal genetic counseling services are covered fee-for-service. No prior authorization is required. Clients in Medical Assistance fee-for-service and those enrolled in Healthy Options may self-refer or be referred by any provider. Clients in the Primary Care Case Management program must be referred by their Primary Care Case Manager. These services are available to all women/couples during their pregnancy and up to 90 days post-partum.

Client Eligibility

Who is eligible?

Pregnant clients presenting Medical Assistance Identification (MAID) cards with the following identifiers are eligible for prenatal diagnosis genetic counseling during pregnancy and through the end of the month containing the 60th day after the pregnancy ends:

<u>MAID Identifier</u>	<u>Medical Program</u>
CNP	Categorically Needy Program
CNP-Children's Health	Children's Health
CNP-CHIP	Children's Health Insurance Program
CNP-Emergency Medical Only	Categorically Needy Program-Emergency Only
General Assistance-No Out of State Care	ADATSA, ADATSA Medical Only
LCP-MNP	Limited Casualty Program-Medically Needy Program

Who is not eligible?

Pregnant clients presenting Medical Assistance Identification (MAID) cards with the following identifiers are not eligible for prenatal diagnosis genetic counseling*:

<u>MAID Identifier</u>	<u>Medical Program</u>
Detox Only	DETOX
MIP-EMER Hospital - No Out of State Care	Medically Indigent Program
Family Planning Only	Family Planning
GA-U No Out of State Care	General Assistance - Unemployable
QMB-Medicare Only	Qualified Medicare Beneficiary-Medicare Only

* These clients, if pregnant, may be eligible for other medical assistance programs that may cover prenatal diagnosis genetic counseling. Please refer pregnant clients to their local Community Services Office to be evaluated for a possible change in their medical assistance eligibility.

Clients enrolled in a Healthy Options managed care plan

No pre-authorization is required! Prenatal diagnosis genetic counseling services are not covered under MAA's Healthy Options managed care plans. However, clients enrolled in managed care may obtain prenatal diagnosis genetic counseling services through fee-for-service. (See *Referrals* on page 4.) If the client desires further prenatal procedures, such as amniocentesis, pre-authorization for such procedures is required by the client's Healthy Options managed care plan.

Clients with a plan identifier in the HMO column on their MAID cards are enrolled in one of MAA's Healthy Options managed care plans. Clients with a Primary Care Case Manager (PCCM) will have the PCCM identifier in the HMO column on their MAID cards.

Prenatal procedures beyond genetic counseling must be requested directly through the client's Primary Care Provider (PCP) or PCCM. For PCCM clients, the referral number is required in field 17A on the HCFA-1500 claim form. (See *General Billing* for further information.)

To prevent payment denials for services provided, please check the client's MAID card prior to scheduling services and at the time of service to make sure proper authorization for prenatal diagnostic procedures are obtained from the PCP or PCCM.